

Application of Dockets
PATIENT APPLICATION FEE DETERMINATION RECORD

	SMAYLIENTHTY TYPE IN OR	
TOTAL CLAIMS. FOR NUMBER FILLED NUMBER EXTRA-	RAVE: (FEE.) BASICHEE 375.00 OR	PASICIFÉE 7/50.00
TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS INDEPENDENT CLAIMS INDEPENDENT CLAIMS	XS 9=	XS186
MULTIPLE DEPENDENT CLAIMPRÆSENT		_^94= +230=
" If the difference in column't is less than zero, enter "0", intcolumn 2	TOTAL OR	TOTAL
(Column 1) (Column 2) (Column 2) (Column 3) (Column 2) (Column 3) (Column 2) (Column 3) (Column 3) (Column 2)	SMALLENDIY OR ADDI- BATE TIONAL	SWALLENTITY (ADDI) RATE TIONAL
Total Mandment Minus The Independent Minus	XS 9=1 OR	XS18=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.	<u>**42=</u> <u>****</u> OR *140= OR	X84= +280=
(Column 1) (Column 2): (Column 3)	OR ADDIT FEE	TOTAL ADDIT FEE
CLAIMS VHICHEST PRESENT RESENT PRESENT PRICEPOR	RATE TIONAL	RATE TIONAL
Tiotel Minus Minus Independent Minus	X\$:9= OR	X\$1 8=
Rest presentation of Multiple Dependent Claim 7 ([]] . [4280 = 1
(Column 1)) (Column 2); (Column 3)	NOTAL OR	ADDIT FEE
	RATE TIONAL FEE	ADDI- RATE: TIONAL
Total Minus Minus Minus	X\$ 9= OR X42= OR	
	414051	+280= 1280=
:: If the Hijonest Number Previously Paid For IN THIS SPACE is less than 20 ; enter 30; Till the Hijonest Number Previously Paid For IN THIS SPACE is less than 3 ; enter 3;	OR ADDITIFE STATES	TOTAL ADDIT FEE